

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024817

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 128

FILED JUN 26 1963

VS 300
Rev. 4/59

10497

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		c. CITY OR TOWN Carthage	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks hospital		d. STREET ADDRESS (If outside, give location) Route 1	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM JONATHAN RITCHIE		4. DATE OF DEATH Month Day Year June 15, 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-28-88
9. AGE (last birthday) 75		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) barber		10b. KIND OF BUSINESS OR INDUSTRY barbering	
11. BIRTHPLACE (City and state or country) Independence, Kansas USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Newton J. Ritchie		13b. MOTHER'S MAIDEN NAME Cynthia J. Williams	
14. NAME OF HUSBAND OR WIFE Ethel F. Ritchie		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no	
16. SOCIAL SECURITY NO. 37		17. INFORMANT Ethel Ritchie, Rt 1, Carthage, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Asmilia's infection DUE TO (b) Asmilia's infection DUE TO (c) Asmilia's infection		INTERVAL BETWEEN DEATH AND DEATH 48 hrs. 70 days	
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congestive heart failure		PART III: If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Carthage, Mo		COUNTY STATE	
21. I attended the deceased from 6-7-63 to 6-15-63 and last saw her alive on 6-15-63 Death occurred at 7:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Typed or title) Harvey MD	
22b. ADDRESS 1515 Hazel, Carthage, Mo		22c. DATE SIGNED 6-17-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 6-18-63	
23c. NAME OF CEMETERY OR CREMATORY Harvey Cemetery		23d. LOCATION (City, town, or county) rural- Carthage, Mo	
24. FUNERAL DIRECTOR Knell Mortuary, Carthage, Mo		25. DATE RECD. BY LOCAL REG. 6-18-63	
26. REGISTRAR'S SIGNATURE Elly Clinton			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

EX-101 2-2 MHC

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. 683
working under my personal supervision.

Student

John J. McConnell
Signature of Student Embalmer

Signed

Frank W. Kneller

Licensed Embalmer No. 4440

P. O. Address Carthage, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.